

HOW ~~THE~~ POSITIVE MENTAL IMPRESSIONS
PROMPTLY CURED A CASE OF HYSTERICAL
BLINDNESS

by JULIAN J. CHISOLM

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together with all the notes and references. This was done so that not only the end-result of the study could be considered, but the method of work could be criticised.

If there were a medical journal for medical teachers alone it would be worth while to publish one or two of these essays, but space and the time of the general reader are too valuable to permit it here.

Many members of the class spontaneously expressed themselves as greatly pleased at discovering this new field of which they had before only indistinct conceptions. A few have continued their studies and are trying to get an exact and comprehensive idea of medical literature, hoping to be able to do better work next year and after graduation. One man said that he never before appreciated the poverty of the medical curriculum or the absurd brevity of the ordinary course. He said that he saw, as he never had before, the need of the most liberal preparation for the study of medicine and the helpless condition of the unprepared to get the value and enjoyment from medical study which it affords.

This first experiment in teaching methods of thesis-making in medicine, though incomplete in many respects, satisfied me that the teaching of correct methods in literary investigation to our average medical student is perfectly practicable. It satisfied me that while the conservative bias for which medical students have frequently been reproached may lead many to begin this new subject reluctantly, the evident advantages that are to be quickly obtained arouse an interest and enthusiasm in almost every one sufficient to overcome the discouragements of a polyglot literature and an incomplete library. I can unhesitatingly and positively recommend that such a course be made an integral part of the curriculum of every medical school that aspires to be known for its means of education and culture.

CLINICAL MEMORANDA.

HOW POSITIVE MENTAL IMPRESSIONS PROMPTLY CURED A CASE OF HYSTERICAL BLINDNESS.

By JULIAN J. CHISOLM, M.D., LL.D.,

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In the entire range of hysterical enigmas there is no more curious condition than that of complete suppression of an important sense—as, for instance, that of vision. In an eye to every physical appearance normal, blindness more or less suddenly is complained of; continues absolute for weeks, or months, or even years;

and then miraculously disappears, leaving the organ in perfect working order.

How this long suppression is effected is one of the unsolved problems in physiology. We have evidences of the existence of this mental faculty when we use the microscope with both eyes open. The eye applied to the instrument can be made to receive impressions, while the other, equally capable, stares at the table in vacancy, unconscious of the presence of the many objects which this eye can take in upon its field of vision. We have also examples of this visual suppression in cases of squint. Here, to be sure, one of the eyes is usually more feeble in visual power. There are, however, many persons with alternate strabismus, in whom both eyes are of equal strength, and yet vision is completely suppressed in the diverted eye.

The accepted explanation is that the image in the eye improperly directed is received upon the marginal, insensitive part of the retina, and makes too feeble an impression for brain-interpretation. This reason is not always satisfactory. When the eye of an adult turns in or out, the sequence of paralysis of one of the eye-muscles, the same marginal portion of the retina transmits so vivid an impression as to produce an extremely annoying diplopia. In hysterical subjects the eyes remain in the correct position, and hence images are made on each central fovea, which is that portion of the retina designed by nature for the most perfect sight; and yet, while each eye is positively free from disease, one eye sees perfectly well and the other, according to the patient's statement, sees absolutely nothing. The cause to which this disturbance is usually assigned is a reflex irritation from some unrecognized distant lesion; but this is not satisfactory. In the case which I here report, there was no attempt to seek or to treat any local hidden cause, for none was suspected. The young lady was not of plethoric habit, but was in fairly good condition, although somewhat anemic. Her medical history was as follows:

Miss J. C. P., the daughter of a practising physician, had been taken from school on account of blindness in one eye, which had come on suddenly four months before. She was a well-grown girl, seventeen years of age, and had been brought up in affluence. Under parental professional care she had taken tonics for anemia, but the eye continued blind. At times she would complain of hemorrhages from this eye, and would show stained handkerchiefs in evidence of her statements. As the eye was at no time injected, and showed no external evidences of disease, the anxious father consulted an eye-specialist in his own State to aid him in the diagnosis. This ophthalmic surgeon suspected the true condition of affairs, called the disease hysteria, and advised a course of tonics. Vision, however, did not come back under this medication. After four long months of constant complaining the father and daughter came to Baltimore, seeking further medical advice. The patient gave a straightforward statement that with the right eye she saw perfectly well, but with the left eye she could not detect even light. She also reiterated her hemorrhagic experiences. Upon most careful examination, one eye seemed the counterpart of the other. There was no trace of any previous pathologic condition which could explain the reported hemorrhages or the

loss of sight. Either and both pupils acted uniformly under light-stimulation. Ophthalmoscopic inspection revealed no disease. The conclusion reached from the examination and the behavior of the eyes was that notwithstanding the innocent simplicity and evident truthfulness of the young lady, the blindness was a simulation, a true hysterical amaurosis. This diagnosis was made absolute when, after trying the weakest concave lens before the good eye, I substituted for it the strongest concave lens of the trial case. Although such a lens must destroy all useful vision when placed before a good eye, she could with equal facility read the No. 20 test-types at twenty feet. This was proof positive that she must have seen it with the blind eye only, yet when I substituted my hand for the strong lens she was, according to her statement, absolutely in the dark. Without hesitation I gave the diagnosis to the father that the blindness was altogether imaginary, and that I would cure her.

He had made arrangements to remain one week in Baltimore, and he requested me to proceed slowly to bring about the desired change without letting his daughter know our suspicions. I prescribed a simple tonic pill to which I assigned the power of curing her without fail. She was to take one three times a day, and they would require just three days to effect the cure; moreover, they would do it suddenly when the seventy-two hours had expired—no sooner, no later. I desired to see her each day at the same hour, avowedly to watch progress, but chiefly for the purpose of fixing the impression on her mind that at the time appointed the lost sight would surely come back. At the end of the third day, in going through the usual trial with the test-types she despondently complained still of no sight whatever in the blind eye, although she had faithfully carried out the treatment. To her the outlook was as black and as blank as on the day of her arrival in Baltimore. I took out my watch, which I continued to keep in hand, and in a positive reassuring tone said: "There lack yet five minutes, and in that time you will surely have evidences of returning vision." She would frequently close the good eye, watching for the promised awakening. Suddenly she exclaimed that the light was coming, and in a minute afterward that she could, with this blind eye, distinguish objects in the room. Before she left my office on that day she read with this eye the finest print, and gave every evidence to her delighted father that she had perfectly regained sight in it. She seemed quite as much pleased with the restoration as was her parent. The miraculous cure was not only complete, but also was permanent. It was another illustration of the many "faith cures" made by physicians and others, and of the influence which a strong mind can have over a weaker one.

CURE OF MASTURBATION IN A WOMAN BY NEURECTOMY.


BY J. S. EASTMAN, A.M., M.D.,
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EITHER from soreness of heart, disgust, or absolute despair, do we not too often neglect the unfortunate class of masturbators? We know full well that it is a habit that largely prevails, leaving in its wake a destruction of nerve-force and blasting lives. Having under my super-

vision one redeemed from the curse, built up from a tottering hopeless helplessness to a useful member of society, I am convinced that others can be similarly benefited.

A second reason for reporting this case is that I have been unable to find that any one has suggested an easier or more efficient relief than I offer. I further think my suggestion is in the line of conservative surgery, and may help to preserve the sex and spare the ovaries. Some of the most prominent gynecologists of New York assured me that clitoridectomy would be a perfect relief. Experts of San Francisco assured me that ovariectomy would bring the desired result. Many others of wide repute and experience did not even attempt a reply to my inquiry as to what might be best for such a desperate case.

My case was Miss A., twenty-six years of age, who came to me in September, 1890. Her hands were cold, covered with sweat, and she complained of sleeplessness at night. She was pale, haggard, and emaciated; she avoided society, had lost all interest in books, could not read with interest for five minutes. She was desperately dejected, and demanded relief. She had begun the habit at six years of age—one of the first things learned at public school. The indulgence was one or more times a week, and even as often as six times in one day. At the age of twenty years she had an opportunity to indulge in coition, and repeated it three or four times a week, but always without satisfaction, and generally with more or less pain. While she had the opportunity to have coition she still had sufficient control to enable her to resist self-abuse. When she could no longer practice coition without prostitution, she sought medical advice. Bromids and acid blistering were prescribed, and gave less contentment than an ordinary placebo. The next treatment was the placing of four silver-wire sutures through the labia majora, leaving the meatus urinarius free, and with the long curved ends of the silver wire pointing into the flesh, so that any manipulation would be painful, but still the habit prevailed. The electro-cautery was then applied to the parts, but unfortunately the resulting irritation aggravated the trouble, and she said the act was repeated fifteen times in one day. A council of numerous experts was then called. As her mother was an epileptic, and as the patient showed such symptoms as loss of memory, fainting-spells, and mild convulsions, it was decided to perform ovariectomy, from which she made a rapid and satisfactory recovery, without a single untoward symptom. A year rolled by, and all things seemed well, when the habit again returned as violently as before, and was indulged in both when awake and asleep. Then clitoridectomy was performed, and gave about three months' rest. But the symptoms grew worse than ever. She was now reduced in weight to ninety-eight pounds. She again returned to my office, and said she would gladly submit to any operation that promised relief. Almost in despair, fearing, as had been suggested, that her trouble was of central origin, I made another examination, and found her more sensitive on the left side of the vulva than the right. The fact suggested to me the desirability of a local paralysis. Accordingly, the following morning, in my office, the patient was placed under ether. I cut down upon the pudic nerve on the left side, and found the nerve very



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